

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 002 ****61.25

DOCUMENT # N98000003660

1. Entity Name
GOD'S ARK OF SAFETY MINISTRIES, INC.



Principal Place of Business
**722 W 21 STREET
JACKSONVILLE, FL 32206**

Mailing Address
**722 W 21 STREET
JACKSONVILLE, FL 32206**

40084899



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04072008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.
722 West 21 Street

Suite, Apt. #, etc.
722 West 21 Street

City & State
JACKSONVILLE FLA.

City & State
JACKSONVILLE FLA.

4. FEI Number
59-3519852

Applied For
Not Applicable

Zip
32206

Country
DUVAL

Zip
32206

Country
DUVAL

5. Certificate of Status Desired -- ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, CORENE
6756 DRAYTON ST
JACKSONVILLE, FL 32208**

Name
CORENE WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

561 Edgewood Ave. West

City
JACKSONVILLE

FL

Zip Code
32208

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Corene Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, CORENE
2336 WEST EDGEWOOD AVE
JACKSONVILLE, FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
MOORE, CHARLIE
453 WEST 7TH STREET
JACKSONVILLE, FL 32206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Corene Williams
561 Edgewood Ave. West
JACKSONVILLE FLA, 32208** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant PASTOR / OFFICER
Joe WADE
360 Tallulah Ave. 32208
JACKSONVILLE FLA.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Corene Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #